

CEQA APPENDIX C: NOTICE OF COMPLETION & ENVIRONMENTAL DOCUMENT TRANSMITTAL

Appendix C

Notice of Completion & Environmental Document Transmittal

Mail to: State Clearinghouse, P.O. Box 3044, Sacramento, CA 95812-3044 (916) 445-0613
For Hand Delivery/Street Address: 1400 Tenth Street, Sacramento, CA 95814

SCH #

Project Title: _____
Lead Agency: _____ **Contact Person:** _____
Mailing Address: _____ **Phone:** _____
City: _____ **Zip:** _____ **County:** _____

Project Location: County: _____ City/Nearest Community: _____
 Cross Streets: _____ Zip Code: _____
 Longitude/Latitude (degrees, minutes and seconds): _____ ° _____ ' _____ " N / _____ ° _____ ' _____ " W Total Acres: _____
 Assessor's Parcel No.: _____ Section: _____ Twp.: _____ Range: _____ Base: _____
 Within 2 Miles: State Hwy #: _____ Waterways: _____
 Airports: _____ Railways: _____ Schools: _____

Document Type:

CEQA: ☐ NOP ☐ Draft EIR NEPA: ☐ NOI Other: ☐ Joint Document
☐ Early Cons ☐ Supplement/Subsequent EIR ☐ EA ☐ Final Document
☐ Neg Dec ☐ Draft EIS ☐ Other: _____
☐ Mit Neg Dec Other: _____

Local Action Type:

☐ General Plan Update ☐ Specific Plan ☐ Rezone ☐ Annexation
☐ General Plan Amendment ☐ Master Plan ☐ Prezone ☐ Redevelopment
☐ General Plan Element ☐ Planned Unit Development ☐ Use Permit ☐ Coastal Permit
☐ Community Plan ☐ Site Plan ☐ Land Division (Subdivision, etc.) ☐ Other: _____

Development Type:

☐ Residential: Units _____ Acres _____
☐ Office: Sq.ft. _____ Acres _____ Employees _____
☐ Commercial: Sq.ft. _____ Acres _____ Employees _____
☐ Industrial: Sq.ft. _____ Acres _____ Employees _____
☐ Educational: _____
☐ Recreational: _____
☐ Water Facilities: Type _____ MGD _____
☐ Transportation: Type _____
☐ Mining: Mineral _____
☐ Power: Type _____ MW _____
☐ Waste Treatment: Type _____ MGD _____
☐ Hazardous Waste: Type _____
☐ Other: _____

Project Issues Discussed in Document:

☐ Aesthetic/Visual ☐ Fiscal ☐ Recreation/Parks ☐ Vegetation
☐ Agricultural Land ☐ Flood Plain/Flooding ☐ Schools/Universities ☐ Water Quality
☐ Air Quality ☐ Forest Land/Fire Hazard ☐ Septic Systems ☐ Water Supply/Groundwater
☐ Archeological/Historical ☐ Geologic/Seismic ☐ Sewer Capacity ☐ Wetland/Riparian
☐ Biological Resources ☐ Minerals ☐ Soil Erosion/Compaction/Grading ☐ Growth Inducement
☐ Coastal Zone ☐ Noise ☐ Solid Waste ☐ Land Use
☐ Drainage/Absorption ☐ Population/Housing Balance ☐ Toxic/Hazardous ☐ Cumulative Effects
☐ Economic/Jobs ☐ Public Services/Facilities ☐ Traffic/Circulation ☐ Other: _____

Present Land Use/Zoning/General Plan Designation:

Project Description: (please use a separate page if necessary)

Note: The State Clearinghouse will assign identification numbers for all new projects. If a SCH number already exists for a project (e.g. Notice of Preparation or previous draft document) please fill in.

Revised 2008

Reviewing Agencies Checklist

Lead Agencies may recommend State Clearinghouse distribution by marking agencies below with an "X". If you have already sent your document to the agency please denote that with an "S".

<input type="checkbox"/> Air Resources Board	<input type="checkbox"/> Office of Emergency Services
<input type="checkbox"/> Boating & Waterways, Department of	<input type="checkbox"/> Office of Historic Preservation
<input type="checkbox"/> California Highway Patrol	<input type="checkbox"/> Office of Public School Construction
<input type="checkbox"/> Caltrans District # _____	<input type="checkbox"/> Parks & Recreation, Department of
<input type="checkbox"/> Caltrans Division of Aeronautics	<input type="checkbox"/> Pesticide Regulation, Department of
<input type="checkbox"/> Caltrans Planning	<input type="checkbox"/> Public Utilities Commission
<input type="checkbox"/> Central Valley Flood Protection Board	<input type="checkbox"/> Regional WQCB # _____
<input type="checkbox"/> Coachella Valley Mtns. Conservancy	<input type="checkbox"/> Resources Agency
<input type="checkbox"/> Coastal Commission	<input type="checkbox"/> S.F. Bay Conservation & Development Comm.
<input type="checkbox"/> Colorado River Board	<input type="checkbox"/> San Gabriel & Lower L.A. Rivers & Mtns. Conservancy
<input type="checkbox"/> Conservation, Department of	<input type="checkbox"/> San Joaquin River Conservancy
<input type="checkbox"/> Corrections, Department of	<input type="checkbox"/> Santa Monica Mtns. Conservancy
<input type="checkbox"/> Delta Protection Commission	<input type="checkbox"/> State Lands Commission
<input type="checkbox"/> Education, Department of	<input type="checkbox"/> SWRCB: Clean Water Grants
<input type="checkbox"/> Energy Commission	<input type="checkbox"/> SWRCB: Water Quality
<input type="checkbox"/> Fish & Game Region # _____	<input type="checkbox"/> SWRCB: Water Rights
<input type="checkbox"/> Food & Agriculture, Department of	<input type="checkbox"/> Tahoe Regional Planning Agency
<input type="checkbox"/> Forestry and Fire Protection, Department of	<input type="checkbox"/> Toxic Substances Control, Department of
<input type="checkbox"/> General Services, Department of	<input type="checkbox"/> Water Resources, Department of
<input type="checkbox"/> Health Services, Department of	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Housing & Community Development	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Integrated Waste Management Board	
<input type="checkbox"/> Native American Heritage Commission	

Local Public Review Period (to be filled in by lead agency)

Starting Date _____ Ending Date _____

Lead Agency (Complete if applicable):

Consulting Firm: _____ Applicant: _____
 Address: _____ Address: _____
 City/State/Zip: _____ City/State/Zip: _____
 Contact: _____ Phone: _____
 Phone: _____

Signature of Lead Agency Representative: _____ Date: _____

Authority cited: Section 21083, Public Resources Code. Reference: Section 21161, Public Resources Code.